FCC Form 474	Do not write in this space.	Approved by OMI	
	Do not write in this space.	OMB Control No. 3060 - 0856	
		Estimated time per response: 1.0 hour	
	Schools and Libraries Universal Service		
Please read instructions before completing	Service Provider Invoice FCC Form 474		
Service Provider Form Identifier <u>Sturgis-C1-</u>		FCC Form 474 Invoice # 2814657	
23459-A (Create an identifier for your own reference)	(To be inserted by administrator)		
Block 1: Service Provider Information			
1. Service Provider Name Envision T	Technology Advisors, LLC		
2. Service Provider Identification Num	ber (SPIN) 143042980		
3. Contact Person's Name Brent K. (Duellette		
4. Contact Telephone Number	Area Code: 401 Phone Number: 2726688 Ext.		
Contact Fax Number	Area Code: 401 Fax Number: 2720911		
Contact Email Address brent@env	visionsuccess.net		
5. Total Invoice Amount (total of Block	2, Column 13) 17121.12		

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SPIN <u>143042980</u> Service Provider Form Identifier Sturgis-C1-23459-A Contact Person Brent K. Ouellette 401-2726688 Contact Telephone Number

Block 2: Funding Request Number Information

6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
			,	ere should be an entry in mn 10 but NOT BOTH			
171042340	1799096389	ANNUALLY	07/01/2017		20936.40	40	8374.56
171042340	1799113237	ANNUALLY	07/01/2017		21986.40	40	8746.56

Service Provider Invoice FCC Form 474						
Service Provider Form Identifier Sturgis-C1-23459-A						
Contact Person Brent K. Ouellette						
Contact Telephone Number 401-2726688						
Block 3: Service Provider Certifications & Signature						
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:						
 A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct. C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities. 						
14. Signature of authorized person <a> ✓	15. Date 5/22/2018					
16. Printed name of authorized person Brent K. Ouellette						
17. Title or position of authorized person VP Vendor Operations						
18. Telephone number of authorized person 401-2726688						
19. Address of authorized person 999 Main Street Suite 715 Pawtucket RI, 02860						

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Do not staple the FCC Form 474.

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Home | Client Service Bureau: 1-888-203-8100

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